Letters to the editor

RISPERIDONE-INDUCED ENURESIS IN AN ADULT

DEAR EDITOR:

Antipsychotic-induced enuresis is a rare but extremely important treatment-limiting adverse effect. Risperidone-induced enuresis has been reported more commonly in children, especially when used with serotonergic antidepressants. There have been very few cases (less than 5) reported in the adult population. We are reporting another case in an adult who had risperidone-induced enuresis.

Our patient was a 39-year-old man with the diagnosis of bipolar disorder. The patient was on quetiapine (Seroquel®) in the past but had stopped taking it two weeks prior to presentation because he did not think it was working. Upon presentation, the patient reported significant irritability in mood with occasional racing thoughts and also admitted to problems with anger. The patient was not on any medications at the time of assessment, and he reported no other previous trials of psychotropics in past except quetiapine.

Initially, the patient was started on 1mg q.h.s. of risperidone (Risperdal[®]) and his dose was increased to 2mg after three days. When he was seen a week after the increase in dose, he reported episodes of daytime enuresis. He said that such episodes were occurring almost daily after starting risperidone. There was no previous history of such episodes. There was no family history of enuresis, and all relevant medical history and workup, including physical exam, neurological exam, fasting glucose, urinalysis, thyroid stimulating hormone, and urine drug screen, was unremarkable.

It was decided to switch the patient from risperidone to 5mg/day of aripiprazole (Abilify®). Following the

medication change, the patient reported no other episodes of enuresis.

Though it is difficult to find the etiology behind this unusual side effect, a possible mechanism may be adrenergic blockade via alpha 1 or blockage of pudendal reflexes via antagonism of 5HT2.^{5,6} We strongly recommend that clinicians be vigilant about this side effect as it can be easily underreported and detrimental to treatment adherence.

REFERENCES

- Agarwal V. Urinary incontinence with risperidone. J Clin Psychiatry 2000;61;3;219.
- 2. Took KJ, Buck BJ. Enuresis with combined risperidone and SSRI use. *J Am Acad Child Adolesc Psych* 1996;35;7:840-841.
- 3. Vokas CS, Steele,VM, Norris JI, et al. Incidence of risperidone-induced incontinence. *Schizophr Res* 1997;24:2:267.
- 4. Kantrowitz JT, Srihari VH, Tek C. Three cases of risperidone-induced enuresis. *Schizophr Res* 2006;84;174–5.
- 5. Vera PL, Miranda-Sousa A, Nadelhaft I. Free in PMC effects of two atypical neuroleptics, olanzapine, and risperidone, on the function of the urinary bladder and the external urethral sphincter in anesthetized rats. BMC Pharmacol 2001:1:4.
- 6. La Torre D, Isgro S, Anna-Muscatello MR, et al. Urinary incontinence in schizophrenic patients treated with atypical antipsychotics: Urodynamic findings and therapeutic perspectives. *Int J Psychiatry Clin Pract* 2005;9:2:116–9.

With regards, Tanvir Singh, MD Theodor Rais, MD Alina Rais, MD All are Assistant Professors, Department of Psychiatry, University Toledo Medical Center, Toledo, Ohio

Address for correspondence:

Tanvir Singh, MD, Department of Psychiatry, University of Toledo Medical Center, 3130 Glendale Ave., Toledo, OH 43614-5811; Phone: (419) 383-3815; Fax (419) 383-3098; E-mail:

tsingh@meduohio.edu